European Foundation for the Improvement of Living and Working Conditions

Work and health statistics in the Netherlands

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A continuous rise in the pace of work of 1.5% per annum took place in the Netherlands over a 20-year period. This levelled off at national level in 1997, though some sectors show further increases. Trends regarding other risks show only minor changes. Over the last decade, work has become somewhat more autonomous, physical conditions have improved, but repetitive movements have increased. Health complaints, and more recently self-reported burnout in the Dutch workforce, have remained constant. In recent decades, however, the number of workers who retire into the disability system has been steadily rising, particularly those suffering from psychological disorders.

Statistical sources

Since 1977, the Central Bureau of Statistics in the Netherlands has carried out the 'Living Conditions Survey', studying working conditions and aspects of health. In 1997, this survey was integrated into the Permanent Quality of Life Survey (POLS). It contains a module on working conditions and health that is presented to a cross-section of the Dutch workforce. Since 1989, the survey has taken place each year, rather than every three years. Over a period of more than 25 years, questions have been added and changes have been made to the phrasing of questions and answering categories. Further details on the methodology of the survey may be found at the end of this report.

2000 saw the start of another survey which has now delivered information from two representative samples of the Dutch workforce, one in 2000 and one in 2002: the TNO Working Situation Survey (TAS). This survey investigates more work topics, and measures most concepts according to scales rather than using only one or two items. However, since this survey is still new and as yet unable to show any trends, the TAS will only be used in this report to supplement the CBS data.

Valid, representative absenteeism registers no longer exist in the Netherlands since employers became responsible (in 1994) for the payment of salaries of staff who report sick. This information is now made available through employers' reports, obtained in interviews by the Central Bureau of Statistics. The POLS also asks employees whether they have been absent during the last two months.

The 'Netherlands disability register' (LISV), maintained by the Social Security Administration (UWV), contains information on people who register for a disability, or those who may deregister. It also records the volume by category of illness. Since the Netherlands lacks an absenteeism register, this record of people who leave work due to disability is an important monitoring system, not least to keep track of the costs incurred due to illness.

Together, these statistical resources cover many key aspects of working life, charting their evolution and societal impact over the years.

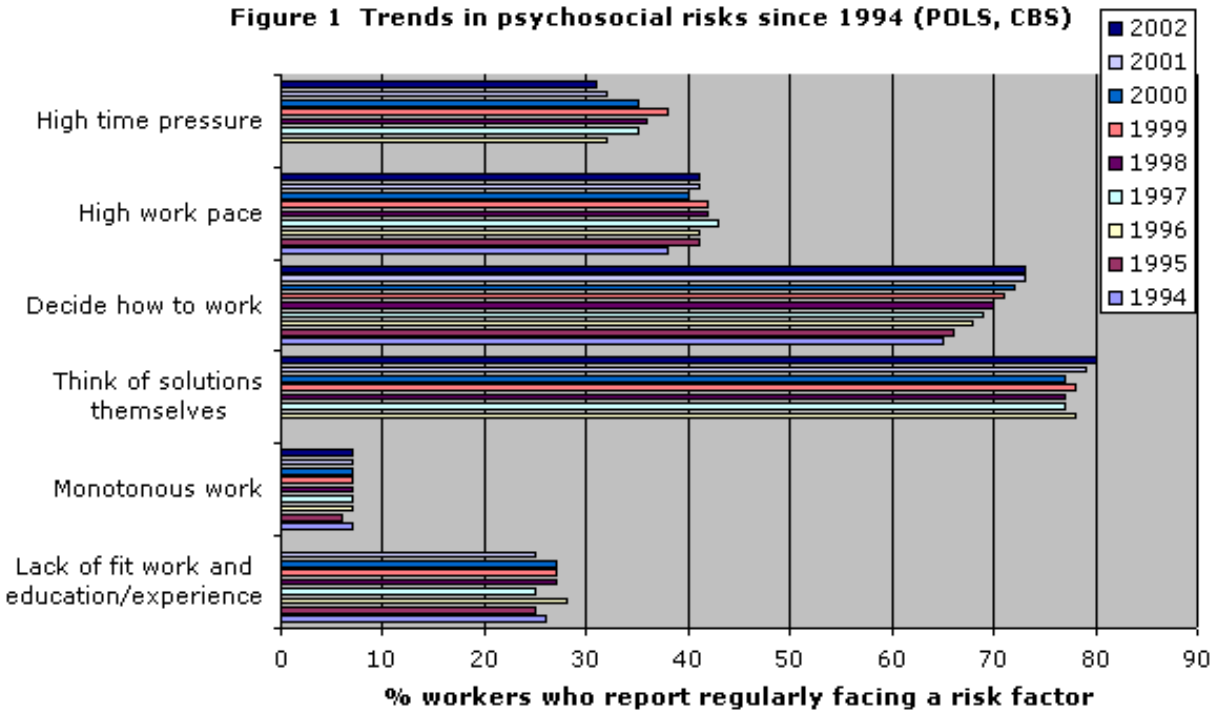
Trends in work and health

Trends in working conditions and health as measured by the POLS can be shown from 1994 to 2002 (most recent figures available). The trends concern the areas of:

- exposure to psychosocial work factors such as job demands, control, support and discrimination;
- exposure to physical factors such as noise, dirt or bad smells;
- exposure to ergonomic work factors such as poor postures and lifting heavy loads;
- working times;
- self-reported health outcomes and, since 1997, work-related health outcomes. This section also includes figures on absenteeism and illness.

Psychosocial risk factors

From 1977 to 1997, the pace of work increased steadily by around 1.5% per year. Figures have stabilised at national level since 1997, with small decreases recorded in recent years. Figure 1 presents trends in work pace and time pressure from 1994 onwards. It indicates an increase from 1997-1999, followed by a decrease. The fall is somewhat more pronounced for time pressure than for work pace. The latter is regarded as a more general indication of high job demands.



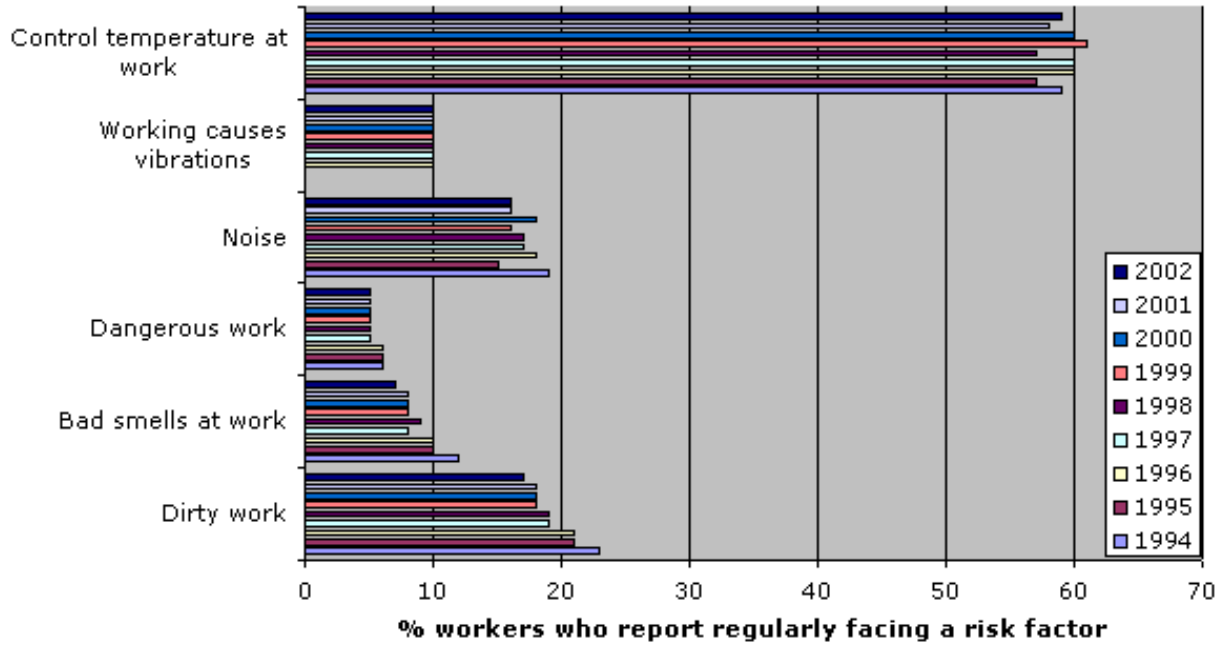
Despite the drop in quantitative job demands, there is a continuous rise in the numbers of people who say they can decide how to work, indicating increasing autonomy. On the other hand, questions indicative of 'skill discretion' (or its opposite: monotonous work) appeared to be rather flat.

Psychosocial risks concerning social relations indicate that about 20% of the workers in the Netherlands are dissatisfied with their supervisor. Only 2-3% of Dutch workers report discrimination by gender or race. No real changes have taken place on these issues in the last decade.

Physical risk factors

Under traditional physical risk factors, the number of workers exposed to noise, vibrations and extreme temperatures has stabilised, while reduced numbers report having to regularly work in workplaces that are not clean or experience bad smells (see Figure 2).

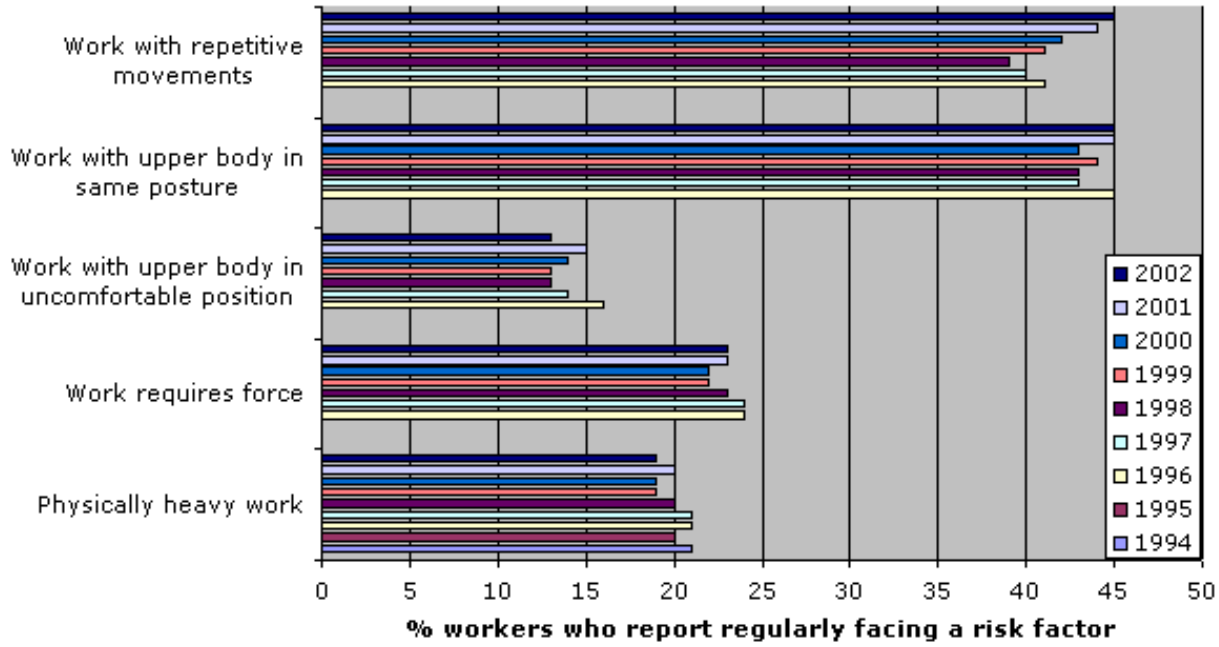
Figure 2 Trends in physical risks since 1994 (POLS, CBS)



Ergonomic risk factors

Figure three shows ergonomic risks in the Netherlands. A significant finding is that most risks in the area of ergonomics have remained stable except for repetitive movements, which are clearly on the rise.

Figure 3 Trends in ergonomic risks since 1994 (POLS, CBS)

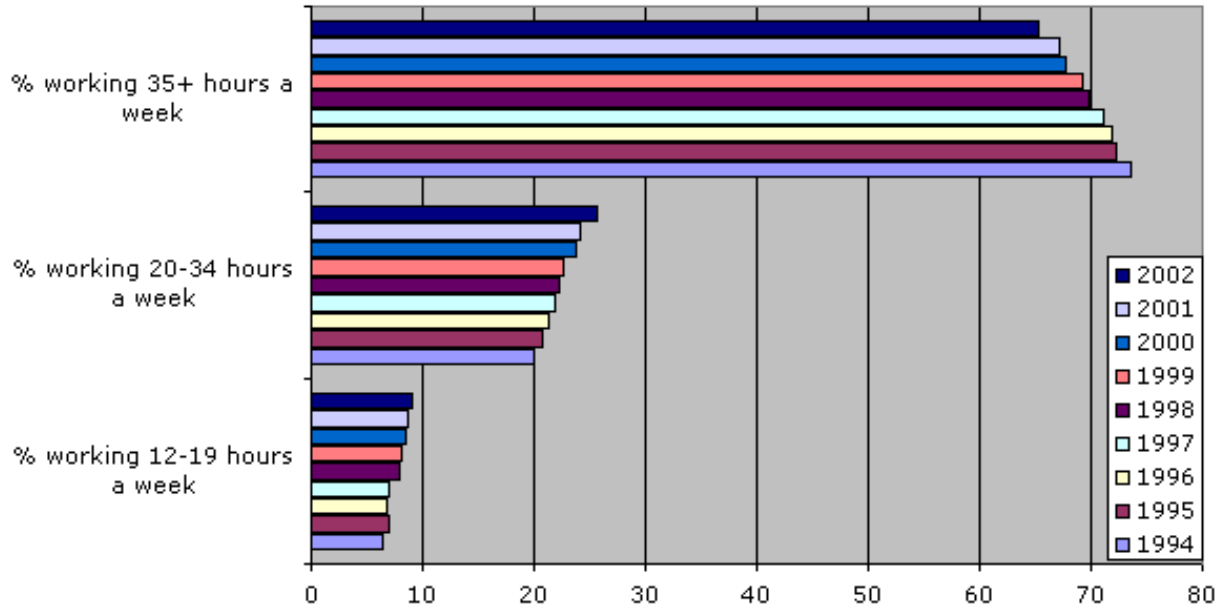


Working time

In the Netherlands, there is a trend towards an increase in part-time work (see Figure 4). This increase is mainly

due to a rise in the number of women entering the labour market, which persists even now when participation in the labour force in general is declining .

Figure 4 Trends in % of workers working part time or full time (35+ hours) since 1994 (POLS, CBS)



About 9-10% of the Dutch workforce do shift work. This percentage has remained quite stable over the years. In 2002, about 56% of workers worked on Saturdays or Sundays and 60% worked in the evening or at night. These figures have been falling slightly over the last decade. The TAS survey indicates that working overtime has risen in the Dutch workforce from about 7% of the workforce in 2000 to 9% in 2002.

Health

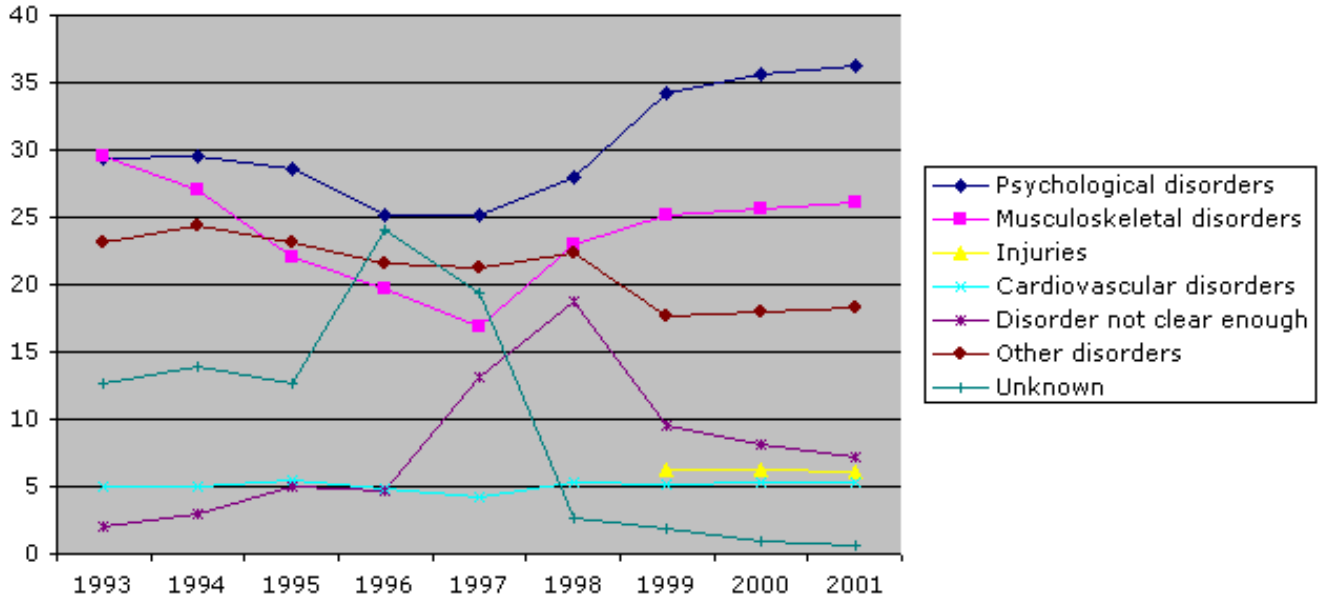
About 87% of the Dutch workforce report their health status to be good or very good. Almost 10% report experiencing burnout. Burnout is a state of emotional exhaustion, an increasingly cynical attitude towards work, and/or crumbling professional competence. The figures on health status and burnout have remained quite stable since they were measured (health status has been included in the POLS since 1977, burnout since 1997).

About a quarter of employees report back complaints, a figure which has also remained stable. Repetitive strain injuries (RSI) were reported by about 19% of workers in 1997 when RSI was first measured in the POLS. This percentage has risen steadily to 23% in 2000, when it was last measured. RSI has been measured in the TAS surveys of 2000 and 2002, but somewhat differently from the way it was carried out in the POLS. In the TAS, the prevalence of RSI was 26% in 2000 and 28% in 2002. These data indicate a continuation of the rise in RSI (Heinrich and Blatter).

The greatest changes can be observed in the numbers leaving the workforce due to illness. Figures indicate that the percentage of absent workers, as reported by employers, has increased from 5.5% in 1994 to 6.1% in 2002 (including pregnancy; 4.9% and 5.4% excluding pregnancy; Central Bureau of Statistics). The inflow into the disability system increased from 79,000 employees per year in 1994 to 118,000 in 2001. This fell back somewhat in 2002 to 108,000. It must be noted that the workforce also increased during this period. Considering the risk of disability inflow, it can be concluded that this grew from 1.18 per 1,000 insured employees in 1994 to 1.7 per 1,000 insured employees in 2001, dropping to 1.52 per 1,000 insured employees in 2002.

The main causes cited for disability from work are psychological disorders (Figure 5).

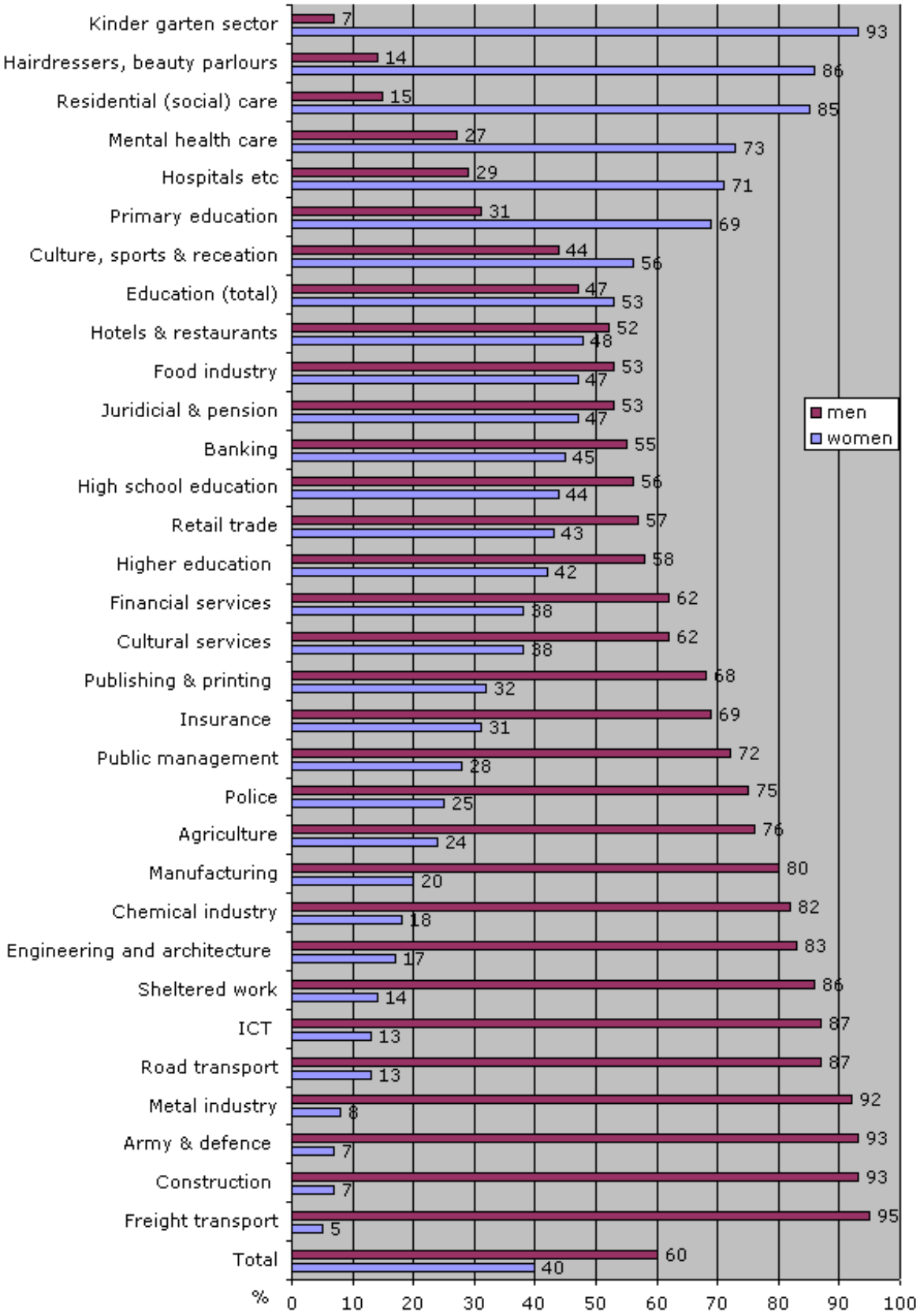
Figure 5 % of employees registering for disability, by category of illness (LISV)



Gender, work and health

As in many European countries, there is still considerable gender segregation by sector and occupation. Figure 6 shows that more women are working in the health care and social sector and in education, as well as in some very specific sectors (e.g. hairdressers and beauty parlours). At this level of detail (NACE 5-digit), sector and occupation show a large overlap. More men are working in blue-collar sectors (building and construction, transport - particularly freight transport, manufacturing and industry). Indeed, more men are present in a more varied number of sectors compared with women (see Figure 6).

Figure 6 Men and women in the Dutch workforce, by sector (NACE 5-digit level; POLS 1997-1999)



This gender segregation has consequences for the exposure to risk factors at work. In some sectors where many women work, such as the health care and social sector, and in the cleaning sector, a lot of physical activity is performed by women. Otherwise, male workers are much more exposed to physical and ergonomic loads than women. Even when men and women work in the same occupation, e.g. as cleaning personnel or as gardeners (see e.g. Messing et al, 1994; Messing et al, 1998), women more often do the physically lighter tasks compared with their male colleagues.

Notwithstanding the above, women nurses are mainly to be found in the nursing wards, while men work in the emergency ward, or in the operating room, where they need more qualifications, generally report having more skill discretion, opportunities for personal development and a higher income (see e.g. Dassen et al, 1990). Women in the Dutch workforce generally report having less autonomy, less skill discretion and fewer opportunities for personal development, compared with men (Jettinghoff et al, 2004).

Women also more often work part time, more often have lower positions in organisations, hold a supervisory position less often, and earn less than men (see also Gender issues in safety and health at work).

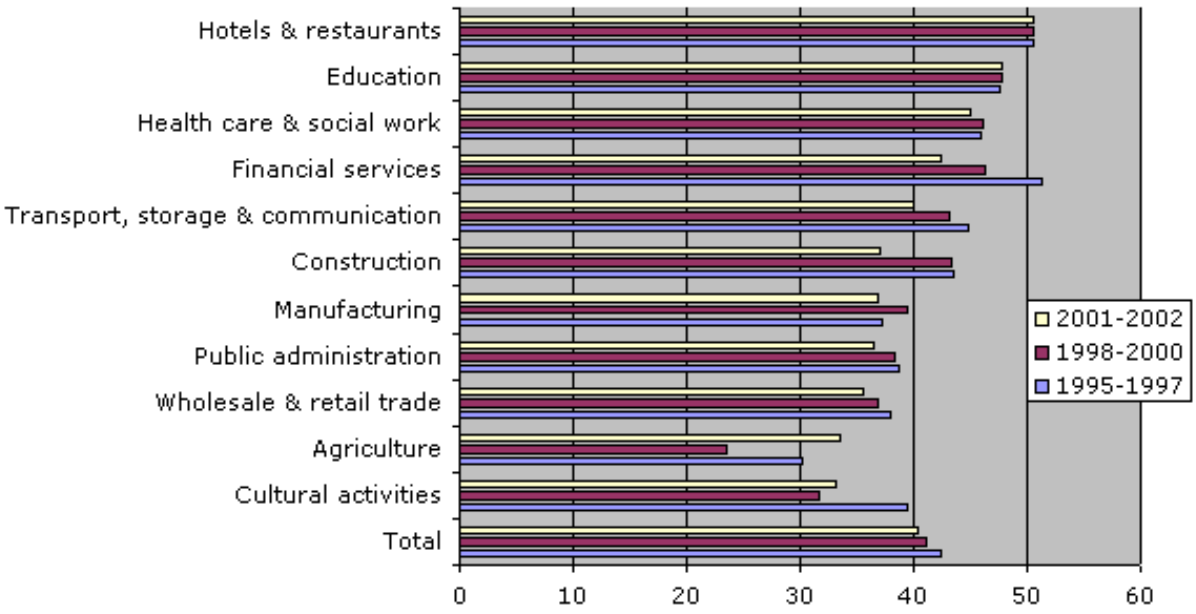
Sectoral changes in risk perception and health

In presenting sectoral changes, this report looks particularly at those changes that appear to be most interesting.

Pace of work

First of all, there appear to be different trends regarding pace of work since 1995. Figure 7 indicates that work pace remains high for sectors such as hotels and restaurants, education and health care.

Figure 7 % of workers reporting regularly a high work pace, by sector (CBS: POLS)

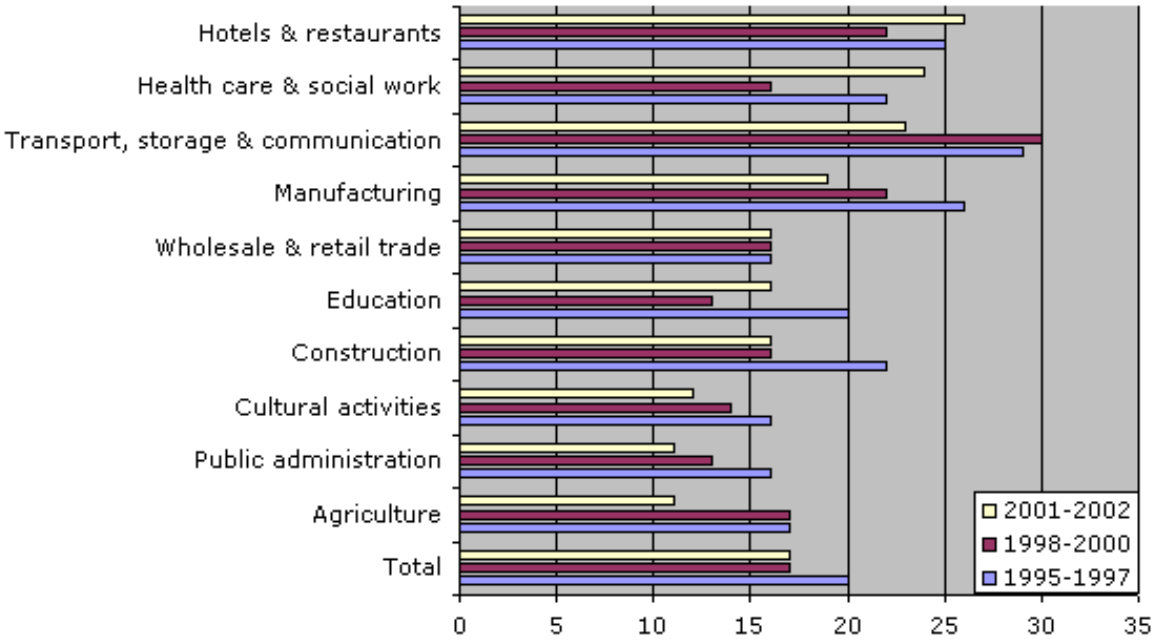


These were among the top sectors at risk in the past. Other top sectors at risk previously were financial services, transport, storage and communication, and building and construction. These sectors, however, show a clear decline over almost all of the last decade. Declines in work pace can also be seen in other sectors that were previously not so high, such as public administration and retail trade. Trends are ambiguous in other sectors, such as manufacturing, agriculture and cultural activities.

Job demands and autonomy

High demands are particularly harmful when combined with low control. Figure 8 shows trends in low control or autonomy by sector. Although, on average, autonomy has been increasing over the last decade, it has not risen very much in the hotel and restaurant sector, in the health care and social sector, in wholesale trade nor in education. An overall deterioration in psychosocial risks can be observed in the hotel and restaurant sector, health care and social sector, trade and in education. These sectors employ a relatively high percentage of female workers.

Figure 8 % of workers reporting a lack of autonomy, by sector (CBS: POLS)



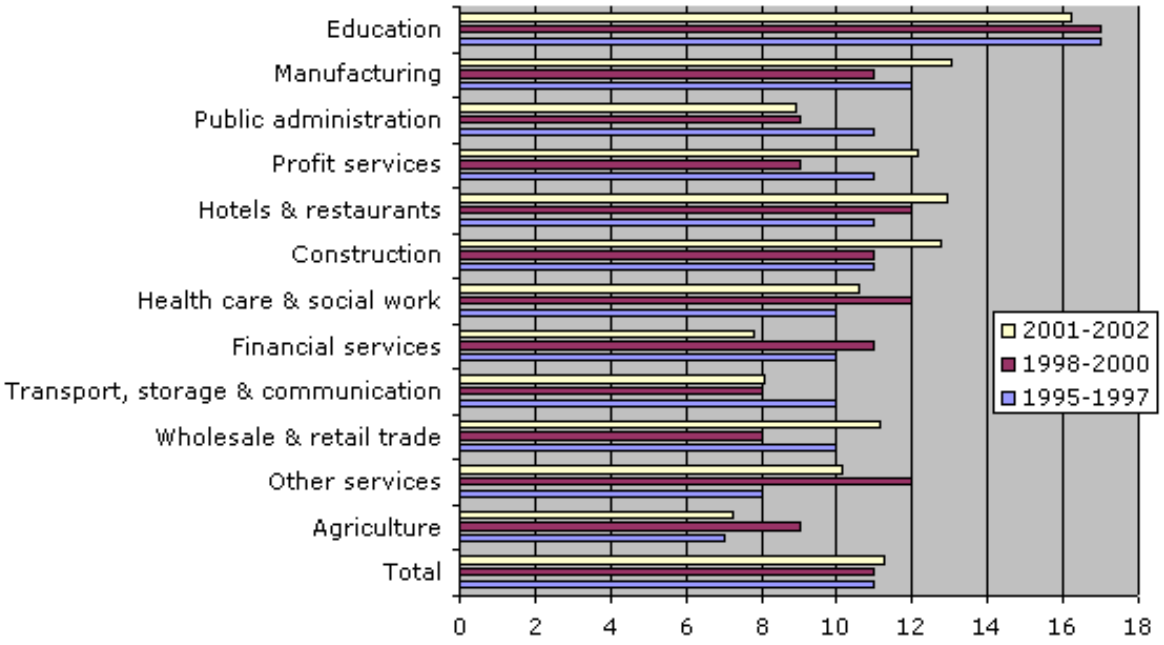
Work pressures

As stated before, psychological disorders are the main cause of absenteeism from work in the Netherlands. Within this illness group, 'adjustment disorders' are found to be a major problem. 'Adjustment disorder' is a diagnosed category of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). This illness is associated with burnout and excessive strain (Blonk, 2001). The POLS shows that there are also some differences regarding burnout risk by sector (see Figure 9). Workers in education are particularly prone to reporting burnout. Although much lower than in education, burnout is also rising in the manufacturing, financial services, hotel and restaurant, construction and trade sectors.

Repetitive strain injury

The latest situation regarding musculoskeletal problems is not very clear among the Dutch workforce, as questions pertaining to these health outcomes have been excluded from the POLS since 2000. The trends in RSI show, however, that repetitive movements are an increasing concern for workers.

Figure 9 % of workers reporting burnout, by sector (CBS: POLS)



The TAS data indicated the following risk groups for RSI on the basis of the 2002 data: plumbers (39%), secretaries (35%), loaders (34%), statisticians (34%), and commercial occupations (33%). (Heinrich and Blatter)

Commentary

The POLS statistics have a long tradition. However, there have been some significant changes to the survey, e.g. in 1994 when the order of many risk exposure questions as well as their answering categories were changed. This makes it almost impossible to draw a linear line before and after that year unless other statistical information is available covering that period. Such information was available for the data on work pace, leading to further increase in work pace (Houtman, 1997).

Since the end of the last decade, a Dutch government initiative on a sector-wide basis was carried out to reduce the number of workers who retire from the workforce due to disability. These covenants were aimed at reducing the risk exposure at work. Many sector-specific initiatives have also been introduced. Stress-related risks, as well as ergonomic risks and noise were identified as the major risks to be tackled. The Ministry of Social Affairs and Employment provided financial incentives to encourage these initiatives. In 2004, their effectiveness will be evaluated. Most of the evaluations will take place at sector level, which means that the information will - at least initially - become available in a rather segmented way.

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About the surveys

The Permanent Quality of Life Survey (POLS) is carried out each year by the Central Bureau of Statistics (CBS) in the Netherlands. Since 1997, this survey is an 'Integrated System of Surveys on Living Conditions'. It consists of a core interview that is administered to - depending on the year - between 40,000 and 90,000 people who have a registered address in the Netherlands. Some of these people also receive work and health questions, submitted to approximately 18,500 workers with a response of approximately 10,000 people each year (about 60% response on average). Workers in the age range of 18-64 years number about 4,500. The sample is representative for the Dutch

workforce. The CBS makes the data public on their website or it may be purchased on disk about nine months after the data collection.

The POLS is a face-to-face interview. The questions on health are presented on paper, and the interviewees are asked to take this written questionnaire with them and send it back after completion. This may give an additional non-response rate on these questions.

The TAS (TNO Work Situation Survey) is carried out by TNO Work and Employment in the Netherlands. It is a two-yearly postal questionnaire and has a net response of approximately 4,000 employees (53% and 45% response in 2000 and 2002 respectively). It constitutes a representative sample of the Dutch workforce in the age group of 15-64 years of age. With respect to the measurement of concepts, it uses original scales, or proxies of the original scales if necessary. For more information, see the TAS .

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